



Bib•Data Sheet



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SERIAL NUMBER 09/504,968	FILING DATE 02/15/2000 RULE -	CLASS 380	GROUP ART UNIT 2766	ATTORNEY DOCKET NO. 80398.P253
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APPLICANTS

Brant L. Cadelore, Escondido, CA ;
Mark Eyer, San Diego, CA ;

**** CONTINUING DATA *********** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 04/11/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no				
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature Initials				
		STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 38	INDEPENDENT CLAIMS 4

ADDRESS

Jeffrey S. Smith
Blakely, Sokoloff, Taylor & Zafman LLP
12400 Wilshire Boulevard 7th Floor
Los Angeles ,CA 90025

TITLE

Method and apparatus for implementing revocation in broadcast networks

FILING FEE RECEIVED 1352	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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CONFIRMATION NO. 8389

SERIAL NUMBER 09/504,968	FILING OR 371(c) DATE 02/15/2000 RULE	CLASS 705	GROUP ART UNIT 3621	ATTORNEY DOCKET NO. 80398.P253
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 Mark Eyer, San Diego, CA;

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** 04/11/2000

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 38	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

8791

TITLE

METHOD AND APPARATUS FOR IMPLEMENTING REVOCATION IN BROADCAST NETWORKS

FILING FEE RECEIVED 1306	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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